

STATE OF NEVADA



GAMING CONTROL BOARD

LICENSE APPLICATION **(HORSE RACING)**

PLEASE PRINT IN INK OR TYPE

APPLICATION DATE:		LICENSE APPLIED FOR:			
APPLICANT'S NAME (Last, First, Middle):					SOCIAL SECURITY NO.:
SEX:	HEIGHT:	WEIGHT:	COLOR EYES:	COLOR HAIR:	DATE OF BIRTH (Month/Day/Year):

FOR OFFICIAL USE ONLY

License No.:
Date of issue:
License Fee: \$
Fee Paid by:
Receipt No.:
Cash <input type="checkbox"/> Check <input type="checkbox"/> M.O. <input type="checkbox"/>
Check/M.O. No.:

PERMANENT ADDRESS:

IT IS STIPULATED AND AGREED THAT ANY NOTICE, CORRESPONDENCE OR PAPERS OF ANY NATURE ADDRESSED TO ME FROM THE STATE GAMING CONTROL BOARD IS TO BE SENT TO THE FOLLOWING MAILING ADDRESS:

STREET ADDRESS / BOX NO. / APT. NO.

CITY

STATE

ZIP

LOCAL ADDRESS:

STREET ADDRESS / BOX NO. / APT. NO.

CITY

STATE

ZIP

HOME PHONE NO.:**BUSINESS NO.:****THE FOLLOWING INFORMATION IS REQUIRED FOR ALL LICENSE CATEGORIES IF ANY ANSWER IS "YES." EXPLAIN BELOW:**

1. Have you EVER been ARRESTED, CHARGED, or CONVICTED of any violation involving ILLEGAL GAMBLING or BOOKMAKING? Yes ☐ No ☐
2. Have you been ARRESTED, CONVICTED, or CHARGES DISMISSED AFTER ARREST for any criminal offense in the past TEN (10) years? Yes ☐ No ☐
3. Have you been CHARGED for any crime, offense or violation in which action (warrant, summons, indictment, complaint) is still pending? Yes ☐ No ☐

Date	City	State	Offense (Nature of Charge)	Disposition

4. Have you been FINED, SUSPENDED, REVOKED, or DENIED a racing license by ANY racing commission or Board of Stewards at a race track? Yes ☐ No ☐
5. Have you ever been EXPELLED, EJECTED, or DENIED privileges at any race track? Yes ☐ No ☐

Date	Location	Nature of Violation	Suspension	Fine	Restored?

6. Have you ever used an ALIAS or ASSUMED name or have you ever been known by another name? Yes ☐ No ☐

Other name(s) used:

(USE ADDITIONAL BLANK SHEETS IF NECESSARY)

ARE YOU A U.S. CITIZEN? YES ☐ NO ☐ PLACE OF BIRTH:

IF "NO," PROVIDE (1) ALIEN REGISTRATION NO.

OR

(2) DOCUMENTATION OF ELIGIBILITY TO BE EMPLOYED IN THE UNITED STATES EXPIRES:

In case of emergency contact (Name, address and phone No.):

— COMPLETE APPLICABLE SECTIONS OF PAGE 2 AND SIGN COMPLETED APPLICATION —

THE FOLLOWING INFORMATION IS REQUIRED FOR ALL OWNERS:

NAME OF NEVADA LICENSED TRAINER.....TELEPHONE NO.....

DO YOU RACE UNDER A STABLE / CORPORATION NAME IN NEVADA? YES ☐ NO ☐

IF "YES," INDICATE STABLE / CORPORATION NAME.....

LIST NAMES OF HORSES YOU PLAN TO RACE IN NEVADA:

NAME OF ANIMAL(S)	NAME OF OTHER OWNERS OR ANYONE HAVING AN INTEREST WITH YOU IN NAMED ANIMAL	ADDRESS	INTEREST OR % OWNED
.....
.....
.....
.....
.....
.....

THE FOLLOWING INFORMATION IS REQUIRED FOR ALL TRAINERS:

LIST OWNERS FOR WHOM YOU ARE NOW TRAINING:

NAME OF OWNER (Last, First, Middle Initial)	ADDRESS
.....
.....
.....

PLEASE READ CAREFULLY BEFORE SIGNING:

I hereby make application for a license to be issued in accordance with the terms and provisions of the Rules and Regulations of the State Gaming Control Board and Nevada Gaming Commission. The undersigned says that he/she is the applicant above named; that he/she has read the complete application and knows the contents thereof, that the same is true of the applicant's own knowledge, and is made for the purpose of inducing the State Gaming Control Board to issue the license applied for, that he/she agrees as a condition precedent to receiving said license that he/she will strictly comply with the laws of the State of Nevada and with the Rules and Regulations of the State Gaming Control Board and Nevada Gaming Commission. I understand that notification to the State Gaming Control Board of change of address is the sole responsibility of the licensee. I hereby consent to a search of my person, vehicles, tack rooms, stable area rooms, or stalls by representatives of the State Gaming Control Board while on grounds under the supervision of the State Gaming Control Board and Nevada Gaming Commission.

I CERTIFY THAT THE STATEMENTS AND ANSWERS I HAVE MADE IN THIS APPLICATION ARE TRUE AND CORRECT.

FOR LICENSE APPLICANT'S UNDER THE AGE OF 18	
VERIFICATION OF DATE OF BIRTH HAS BEEN VERIFIED BY:	
.....
SOURCE DOCUMENT	SIGNATURE OF PARENT / GUARDIAN

X.....
SIGNATURE OF APPLICANT